ROXBURY TOWNSHIP PUBLIC SCHOOLS

Succasunna, NJ

Medication Policy

Effective June 2020, Roxbury Township Board of Education adopted revised Policy #5330 regarding the administration of medication to students. According to the policy, "medication" means any prescribed or over-the-counter medicine. This includes such medications as Tylenol, aspirin or cough drops.

The following guidelines **must** be followed when the administration of medication in school is necessary:

1. The parent or guardian **and** private physician must provide a written request for the administration of the prescribed medication at school. The physician's written order must include the following:
    a. Name of the student
    b. Diagnosis or type of illness involved
    c. Name of the medication
    d. Dosage
    e. Time of administration
    f. Time when its use will be discontinued
    g. Side effects
2. Currently dated **medication must be brought to the Health Office by the parent/guardian in the original labeled container**. Most pharmacies will provide you with an extra bottle properly labeled for school.
3. Medication no longer required must be promptly removed by the parent/guardian.
4. Medication will only be administered to students in school by the school physician, a certified or non-certified school nurse, a substitute school nurse employed by the district or the student's parent/guardian. Students with asthma or other potentially life threatening illnesses will be allowed to self-administer medication when a nurse is not physically present at the scene. Permission for such administration must be on file in the office of the school nurse and comply with the conditions for granting permission.

Medication permission slips may be obtained from your school nurse or on-line at www.roxbury.org/Page/749.

Thank you for your attention to this matter.

ROXBURY SCHOOL DISTRICT | Medication Administration Daily Log (to be completed for each medication)

v.20231211

School Year *20* ____ / *20* ____ Student's School *(Underline/Circle)*→ RHS EMS L/R Franklin Jefferson Kennedy Nixon

Name of Student ______________________ Date of Birth ____________ Sex _____ Grade/Teacher ______________

Parent/Guardian's signature granting permission for administration of medication/sharing of information with appropriate staff members:

Name of Parent/Guardian ______________________ ***Signature of Parent/Guardian*** ______________________ Date ____________

Name & Dosage of Medication ______________________ Route ________ Time(s) Given in School ______________

Start Date ____________ End Date ____________ *(Medication must be in the original container as dispensed by the pharmacy or physician)*

Reason for medication ____

Physician's Printed Name ______________________

Physician's signature ______________________ Date ____________

Office Stamp of Physician → or Attach Official Letterhead of Physician

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															

Initial & Signature of Person administering medication Codes^

1. ________ ______________________ ____________
2. ________ ______________________ ____________
3. ________ ______________________ ____________
4. ________ ______________________ ____________

(A) Absent
(O) No Show
(W) Dosage Withheld
(N) No Medication Available
(E) Early Dismissal
(F) Field Trip
(X) No School (e.g. Holiday; Weekend; Snow Day; etc.)

^See reverse side for reporting significant information.

This permission form is effective only for the school year for which it is granted and must be renewed each school year.

[Roxbury Township Board of Education | District Policy #5330 / Regulation #5330 - ADMINISTRATION OF MEDICATION]

Date	Explanation (with Signature)	Date	Explanation (with Signature)